

City of Remerton
Occupation Tax Return

Date: _____, _____, 2014__

Name of Business: _____

Mailing Address: _____

Physical Address of Business: Same As Above

Business Phone: _____ Cell Phone: _____

Date Started: _____

Business Tax ID Number : _____

Describe Principle Type of Business Conducted: _____

Number of Employees (required for Federal Notifications): _____

Business

A – Tax classification _____

B – Tax Rate _____

C – Gross Receipts \$ _____

D – Your Occupation Tax (Line B x Line C) \$ _____

E – Administrative Fee \$ _____ 35.00 _____

F – Remerton Life Safety Code \$ _____ 50.00 _____

G – Regulatory Fee \$ _____ N/A _____

H – Total Due City (Line D+E+F+G) \$ _____

I hereby certify that the information herein is true and correct.

Print Name: _____ Signature: _____

Title: _____ Date: _____

Office Use Only

Planning and Zoning Approval/Signature _____ Date _____

Fire Inspection Signature _____ Date _____

Date Received: __ / __ / __ City/Asst. Clerk Signature _____